



DOCKET NO:	BOARD MEETING:	PROJECT NO:	PROJECT COST:
H-09	April 17, 2012	12-002	Original: \$26,304,873 Current:
FACILITY NAME: Rehabilitation Institute of Chicago		CITY: Chicago	
TYPE OF PROJECT: Non-Substantive			HSA: VI

DESCRIPTION: The applicant (Rehabilitation Institute of Chicago) is planning to expend funds in excess of the capital expenditure minimum for the purpose of planning a new replacement hospital ("RIC Replacement Hospital"), located two blocks south of the existing hospital ("RIC Flagship Hospital"). The total cost of the project is \$26,304,873.

The State Agency Notes the Following:

The applicant is before the State Board because the amount of the expenditure proposed for the Master Design Project exceeds the capital threshold minimum (\$11,885,440). **A Master Design Project means a proposed project solely for the planning and/or design costs associated with an institution's master plan, or with one or more future construction or modification projects.** Project costs include: preplanning, site survey and soil investigation, architectural and engineering fees, consultant fees and other fees related to planning or design. The master design project **is for planning and designs only** and shall not contain **any construction elements**. Such projects are reviewed to determine the financial and economic feasibility of the master design project itself, the need for the proposed master plan or for the future construction or modification projects, and the financial and economic feasibility of the proposed master plan or of the future construction or modification project. Findings concerning the need for beds and services and financial feasibility made during the review of the master design project **are applicable only** for the master design project. Approval by the State Board of a master design project **does not obligate approval or positive findings** on future construction or modification projects implementing the design. Future applications, including those involving the replacement or addition of beds, are **subject to the review criteria and bed need in effect at the time of State Board review.**



EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicant (Rehabilitation Institute of Chicago) is planning to expend funds in excess of the capital expenditure minimum for the purpose of planning a new replacement hospital ("RIC Replacement Hospital"), located two blocks south of the existing hospital ("RIC Flagship Hospital"). The total cost of the project is \$26,304,873. **The anticipated Master Design project completion date is August 31, 2013.**
- RIC is a specialty hospital providing treatment of complex conditions such as cerebral palsy, spinal cord injury, stroke and traumatic brain injury as well as the more common arthritis, chronic pain and sports injuries. RIC provides specialized services, including Assistive Technology, Prosthetics and Orthotics and Vocational Rehabilitation. Rehabilitation Institute of Chicago has over 30 satellite locations in the Chicago area and Southern Illinois.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The applicants are before the State Board because the cost of architectural and pre-planning expenses for the new hospital exceeds the capital expenditure minimum.

PURPOSE OF THE PROJECT:

- The purpose of the project is to ensure the Rehabilitation Institute's future in being the premiere rehabilitation provider in the country. Rehabilitation Institute of Chicago (RIC), currently holds seven federal research designations, involving multi-year, multi-million dollar contracts to serve as a recognized center for Spinal Cord Injury, Brain Injury, Stroke Rehabilitation Research, Rehabilitation outcomes and research, Rehabilitation engineering, Neurological rehabilitation, Technologies for children with orthopedic disabilities. The proposed project will allow for a larger campus.

REASON FOR THE PROJECT:

- The applicants note the physical constraints of the existing campus as the basis for the proposed project. For the past 37 years RIC has experienced continual growth in its effort to retain its distinction as a leading rehabilitation institute. With this endeavor, came exponential growth, and the need to expand services, research, and viable building space. Under the current campus footprint, RIC still utilizes 60 semi-private rooms, has located key research/rehabilitation services off the main campus, and utilizes physical space that does not meet modern patient care standards.

PUBLIC HEARING/COMMENT

- No public hearing was requested and no letters of support or opposition were received by the State Agency.

BACKGROUND/COMPLIANCE ISSUES:

- The State Agency notes the applicants are compliant with all reporting requirements and for past projects and clinical data.



FINANCIAL AND ECONOMIC FEASIBILITY:

- The applicants note the project will be funded in its entirety with cash and securities totaling \$26,304,873. In the application, the applicants provided an Independent Auditors' Report (application, p. 123).

CONCLUSIONS:

- Rehabilitation Institute of Chicago (RIC) is proposing to construct a new research hospital and replace the existing hospital. The new "replacement hospital" will be located two blocks south of the "flagship hospital" located at 345 East Superior Street, Chicago. This project seeks approval from the State Board to expend funds for preplanning and architectural expenses for the new hospital. The proposed construction project is anticipated to be complete by 2016. The State Board Staff review of the material provided by the applicant indicates that the intended scope of the project is reasonable. It also appears the future construction project will have a positive impact in terms of access, availability of services and long-term institutional viability.



STATE AGENCY REPORT
Rehabilitation Institute of Chicago
PROJECT #12-002

APPLICATION SUMMARY	
Applicants	Rehabilitation Institute of Chicago
Facility Name	Rehabilitation Institute of Chicago
Location	Chicago
Application Received	January 17, 2012
Application Deemed Complete	January 23, 2012
Scheduled Review Period Ended	March 24, 2012
Review Period Extended by the State Agency	No
Public Hearing Requested	No
Applicants' Deferred Project	No
Can Applicants Request Another Deferral?	Yes
Applicants s' Modified the Project	No

I. The Proposed Project

The applicants are proposing to expend funds in excess of the capital expenditure threshold for the purpose of planning a 272-bed "replacement hospital" two blocks south of the "flagship hospital", at 630 North McClurg Court, Chicago. The building will contain 689,979 GSF of space, have 272-inpatient beds, and contain state of the art research facilities dedicated to physical rehabilitation.

II. Summary of Findings

- A. The State Agency finds the proposed project appears to be in conformance with the provisions of Part 1110.
- B. The State Agency finds the proposed project appears to be in conformance with the provisions of Part 1120.

III. General Information

The applicant is Rehabilitation Institute of Chicago. The applicant also serves as site owner and operating entity of both the "RIC Flagship Hospital" located at 345 East Superior Street, Chicago, and the proposed "RIC Replacement Hospital", located at 630 North McClurg Court, Chicago, approximately one block south. The proposed replacement facility will be located in the HSA VI service area and in the A-01 health planning area. Planning Area A-01 includes



north-central Chicago in Cook County.

There are 11 additional acute care hospitals located in the HSA-VI planning area offering rehabilitation services. **The February 2012 Update to the Inventory of Health Care Facilities and Services and Need Determination shows an excess of 96 Rehabilitation beds in the HSA-VI planning area.**

CY 2010 Hospital profile for Rehabilitation Institute of Chicago, Chicago is included at the end of this report.

No land was acquired for this project. Per 77 IAC 1110.40 this is a non-substantive project subject to both a Part 1110 and Part 1120 review. Project obligation is contingent upon permit issuance. **The anticipated project completion date for the Master Design Project is August 31, 2013.**

Summary of Support and Opposition Comments

A public hearing was offered on this project; however, no hearing was requested. The State Agency has received no support or opposition letters regarding this project.

IV. The Proposed Project - Details

The applicants are proposing to expend funds in excess of the capital expenditure threshold for the purpose of planning a new replacement facility to be located at 630 North McClurg Court, Chicago. The "RIC Replacement Hospital" will be located two blocks south of Rehabilitation Institute's "Flagship Hospital", located at 345 East Superior Street, Chicago.

The Master Design Project includes the following key components:

- 272 inpatient rehabilitation beds in single patient rooms.
- Collaborative research and clinical spaces called "Ability Labs", to integrate the latest applied research to patient care.
- Clinical space for outpatient rehabilitation and day rehabilitation services.
- Applied research space for projects not yet suitable for patient therapy.
- Related clinical support space, including ancillary and diagnostic equipment.
- Physician and staff offices.
- Assessment relating to additional parking space and medical office space in close proximity to the Replacement Hospital.



- A central power plant.

The applicants anticipate construction to begin in early 2013, with completion planned for 2016. All related contracts will include a contingency with respect to Certificate of Need approval.

V. Project Costs and Sources of Funds

The proposed master design project is being funded in its entirety with cash and securities totaling \$26,304,873. Table One outlines the project's uses and sources of funds. The State Agency notes the project has both clinical and non-clinical components.

TABLE ONE			
Project Uses and Sources of Funds			
Uses of Funds	Clinical	Non Clinical	Total
Preplanning Costs	\$122,772	\$71,228	\$194,000
Site Survey/Soil Investigation	\$103,280	\$59,920	\$163,200
Contingencies	\$2,009,286	\$1,165,714	\$3,175,000
A & E Fees	\$9,543,682	\$5,536,890	\$15,080,572
Consulting and Other Fees	\$3,964,475	\$2,300,042	\$6,264,517
Other Costs to be Capitalized	\$903,441	\$524,143	\$1,427,584
TOTALS	\$16,646,937	\$9,657,936	\$26,304,873
Sources of Funds			
Cash and Securities	\$16,646,937	\$9,657,936	\$26,304,873
TOTALS	\$16,646,937	\$9,657,936	\$26,304,873

VI. Cost/Space Requirements

Table Two displays the project's cost/space requirements for the clinical and non clinical portions of the project.

TABLE TWO							
Cost Space Requirements							
Departments	Cost	Existing GSF	Proposed Total GSF	New	Remod	As Is	Vacated
Clinical							



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

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TABLE TWO							
Cost Space Requirements							
Departments	Cost	Existing GSF	Proposed Total GSF	New	Remod	As Is	Vacated
Rehabilitation	\$	N/A	383,283	383,283	0	0	0
Clinical Research, incl. Rehabilitation Therapy	\$	N/A	27,711	27,711	0	0	0
Radiology	\$	N/A	15,653	15,653	0	0	0
Pharmacy	\$	N/A	4,596	4,596	0	0	0
Acute Dialysis	\$	N/A	1,658	1,658	0	0	0
Lab	\$	N/A	3,751	3,751	0	0	0
Clinical Total	\$	N/A	436,651	436,651	0	0	0
Non Clinical							
Administrative	\$	N/A	138,468	138,468	0	0	0
Retail	\$	N/A	1,116	1,116	0	0	0
Research Support	\$	N/A	61,363	61,363	0	0	0
Facilities	\$	N/A	20,760	20,760	0	0	0
Dietary	\$	N/A	21,620	21,620	0	0	0
Lobby	\$	N/A	10,002	10,002	0	0	0
Non-Clinical	\$	N/A	253,329	253,329	0	0	0
Total	\$	N/A	689,979	689,979	0	0	0

VII. 1110.230 Project Background Purpose and Alternatives

A. Criterion 1110.230(a) - Background of Applicants

The criterion reads as follows:

- "1) An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character, to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicants, HFPB shall consider whether adverse action has been taken against the applicants, or against any health care facility owned or operated by the applicants, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns



any option to acquire stock, the stock shall be considered to be owned by such person or entity (refer to 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

The applicant is Rehabilitation Institute of Chicago. The applicant provided the necessary documentation as required by the State Board rules. The applicants provided a listing of facilities currently owned/operated by RIC, and attestation that no adverse actions have been taken against their facilities owned and/or operated by the applicants during the three years prior to the filing of the application. The application also contains authorization permitting HFPB and Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted.

The project is classified as being non-substantive, and a safety net impact statement was not required. The applicants did provide its Charity Care Data for FY 2009, FY 2010, and FY 2011 in Table Three.

TABLE THREE Rehabilitation Institute of Chicago Charity Care			
	2009	2010	2011
Net Patient Revenue	\$141,360,000	\$144,475,000	\$155,378,000
Amount of Charity Care (Charges)	\$1,165,324	\$1,387,937	\$2,513,983
Cost of Charity Care	\$523,395	\$568,031	\$1,041,161
% of charity care to net patient revenue	.37%	.39%	.67%

B. Criterion 1110.230(b) - Purpose of the Project

The criterion states:

"The applicants shall document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicants shall define the planning area or market area, or other, per the applicants' definition.



The applicants state the purpose of the project is to continue the tradition of providing cutting edge rehabilitation care while maintaining a leadership position in rendering care for patients suffering from catastrophic injuries that require the above mentioned services. Rehabilitation Institute of Chicago (RIC), is listed as being the #1 Physical Medicine and Rehabilitation Hospital in the nation by *US News and World Report*, and has held this distinction for 21 years. The applicant acknowledges that in addition to world-class patient care, cutting-edge research is paramount to having achieved this status. The applicant currently holds seven federal research designations, the most of any facility in the nation, and proposes to maintain its status as a premiere teaching/research facility for medical students, physicians in fellowships, and rehabilitation professionals participating in internships. The applicant believes these designations can best be achieved and/or maintained through modern clinical research facilities.

C. Criterion 1110.230(c) Alternatives to the Proposed Project

The criterion states:

"The applicants shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project."

The applicants state that they considered the following alternatives:

1. Attempt to Renovate the Current Structure and Simultaneously Construct a New Bed Tower Separate from the Existing Facility.

The applicants considered this option, and realized the following inadequacies:

- Introducing a second facility would virtually eliminate the efficiencies the applicants sought by putting research and clinical care together in one facility.
- Northwestern University (NU) is the land owner of the existing hospital, and provides the use of the space to RIC under a land lease. Any changes to the existing facility must be approved by NU, and NU has expressed an interest in assuming control of the facility before the end of the lease.
- This option does not address the lack of parking in the area.



- The cost to renovate the existing facility and construct a new facility would be approximately \$300,000,000, which is significantly higher than the proposed project.
- Lastly, the applicants determined the operation of two separate facilities would be imprudent and inefficient.

2. **Construct a New Facility Remote from the Northwestern Memorial Hospital (NMH) and Medical Campus**

This alternative called for the construction of a facility off the NMH campus. While a suburban facility would be less costly to construct, operating expenses at two different facilities would erase any cost savings used in this option. RIC and NMH have developed processes and technology infrastructure to coordinate care between the organizations, providing safe, seamless, and cost-efficient care across providers. A separate facility would result in losses on the part of both parties, both clinically and financially. **Estimated cost of this alternative: \$270,000,000.**

3. **Make Improvements to the Existing Facility's Infrastructure and Utilize Other Existing Health Care Resources**

The applicants rejected this alternative. Being the largest rehabilitation research enterprise in the country, RIC has no peers. RIC has nine strategic alliances in hospitals across the state. While these nine hospitals benefit from the collaboration, there is no opportunity to further RIC's mission of clinical research at these sites. RIC's ally hospitals do not currently have Ability Labs, or the available space to undertake this endeavor. Additionally, it was decided that any renovations at RIC's flagship hospital would still result in inadequate space/infrastructure to accommodate the Ability Lab model, and not enough private rooms to meet the demand for patients. **Estimated cost of this alternative: \$290,000,000.**

4. **Construct a New Hospital with Adequate Space and Appropriate Design That Can Meet the Needs of Patients and is Located Proximate to the NMH campus.**

The applicants chose this option for the following reasons:



- Based on present utilization data, RIC is operating at capacity. A new facility must be built to accommodate current needs and future growth.
- The new facility is a collaboration between physicians and scientists, resulting in an innovative clinical environment.
- The new facility will be located proximate to the NMH/McGaw Medical Center campus.
- The new RIC facility will provide all campus partners with the highest level of patient safety. Seamless patient transfer within the campus will maximize patient oversight and treatment, and improve quality as well.
- Proximate campuses will continue to attract world-class clinicians and scientist to the facility.
- The proposed project/site will also allow for integrated parking support for its patient population.

Estimated cost of this alternative: \$330,000,000.

VIII. Section 1110.234 Project Scope and Size, Utilization and Unfinished/Shell Space

A. Criterion 1110.234(a) - Size of Project

The criterion states:

"The applicants shall document that the amount of physical space proposed for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards of Appendix B, unless the additional GSF can be justified by documenting one of the following:

- 1) Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;**
- 2) The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;**
- 3) The project involves the conversion of existing bed space that results in excess square footage."**



Table Four illustrates a comparison of the project's proposed size to the applicable State standards. Only those clinical areas that are being constructed for which there are State Board standards are being reviewed.

TABLE FOUR Size Standards					
Clinical Service Area	State Norm	Proposed Number of Beds	State Standard	Proposed GSF	Meets Standard
Rehabilitation	525-660 DGSF/Bed	272	179,520 GSF	230,982 GSF	
Total			179,520 GSF	230,982 GSF	No
Diagnostic Imaging					
MRI	1,800 DGSF/Unit	1 Unit	1,800 GSF		
CT	1,800 DGSF/Unit	1 Unit	1,800 GSF		
Gen. Radiology	1,300 DGSF/Unit	9 Units	11,700 GSF		
Ultrasound	900 DSGF/Unit	1 Unit	900 GSF		
Total			16,200 GSF	15,653 GSF	Yes

As seen in Table Five, the applicant is not in compliance with the State Board's current size standard for Rehabilitation beds. The applicant notes its proposal to incorporate concepts not seen at other Illinois hospitals, such as an Ability Lab, where both therapies are provided and research is conducted by clinical and research staff. The applicant also attributes its spatial excess to its commitment to physician and allied health professional educational and training programs, and notes the project is still in the planning phase, and the proposed square footage allocations will not be finalized until the planning process has been completed in its entirety. It appears that additional space is needed due to the scope of services to be provided, a positive finding can be made.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEAR TO BE IN CONFORMANCE WITH THE PROJECT SIZE CRITERION (77 IAC 1110.234(a)).

B. Criterion 1110.234 (b) - Project Services Utilization

The criterion states:

"This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFPB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100. The applicants shall document that, in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in Appendix B."



The applicant is projecting the occupancy figures illustrated in Table Six by the second year after project completion (2018). The applicant notes the project is still in its planning phase, and that the new research hospital will include only one category of service and four other clinical areas regulated by the Illinois Health Facilities and Service Review Board.

Rehabilitation

The applicants note the comprehensive physical rehabilitation service will reach the target utilization of 85% after the first year of project completion and surpass this by the second year after project completion (2018).

Imaging (General Radiology/Ultrasound/CT/MRI)

The applicant notes the Ultrasound, MRI, and CT modalities propose to have one unit each. The applicant notes the CT and MRI modalities are new to the RIC campus, while the Ultrasound is currently provided. The applicant did not provide projected utilization data, due to these three modalities having only one unit each, and the fact that these services will likely lack utilization data to justify second units. General Radiology is a service that is currently provided on the NMH campus and the applicants note the predicted volume of general radiology procedures cannot be reasonably estimated for the research facility at this phase in the planning process.

TABLE FIVE Projected Services Utilization FY 2018				
Dept. Service	Projected Treatments/Year	State Standard	Proposed Units on Campus	Met Standard ?
Rehabilitation	86,432	84,338	272	Yes
MRI	N/A	2,500 Procedures/Unit	1	Yes
CT Scanner	N/A	7,000 Visits/Unit	1	Yes
X-Ray	N/A	6,500 Procedures/Unit	1	Yes
Ultrasound	796 Procedures/Unit	3,100 Procedures/Unit	1	Yes

The applicants provided sufficient information to justify the number of beds and equipment being proposed as part of this master design project.



THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECT UTILIZATION CRITERION (77 IAC 1110.234(b)).

IX 1110.235 – Master Design and Related Projects

A. Criterion 1110.235(a) System Impact

The applicant must document that the proposed master plan or future construction or modification project(s) will have a positive impact on the health care delivery system of the planning area in terms of improved access, long term institutional viability, and availability of services. Documentation shall address:

- 1) the availability of alternative health care facilities within the planning area and the impact the applicant's proposed future project(s) will have on the utilization of such facilities;**
- 2) how the services proposed in the applicant's future project(s) will improve access to area residents;**
- 3) what the potential impact on area residents would be if the proposed services were not to be replaced or developed; and**
- 4) the anticipated role of the facility in the delivery system including anticipated patterns of patient referral, any contractual or referral agreement between the applicant and other providers which will result in the transfer of patients to the applicant's facility.**

The applicant notes that no other healthcare facilities in HSA-VI, or the State of Illinois provides the comprehensive rehabilitation services available at RIC. It's clinical breadth, scope of research and innovation, and its extensive medical expertise classifies the applicant as unique provider of cutting edge healthcare. The applicants provided a map of its service area, and notes having served patients from every service area in the State of Illinois. The applicant notes the State's planning assumptions understates the demand for rehabilitation in the planning area, and reports having to turn away 823 rehabilitation applicants in 2010, and 736 rehabilitation patients in 2011, due to capacity constraints. The applicant claims the new RIC facility will improve access to care by providing



private patient rooms and additional beds and a modern facility with better access to ancillary clinical services. The applicant claims the new facility would enhance access to all patients, regardless of their ability to pay. RIC expects to maintain access to all patients, including a growing number of Medicaid and Medicare patients.

The applicants' state access to RIC would continue to be limited, if the proposed project was not approved by the State Board, because the existing facility is not designed, or equipped, to accommodate the patient load presenting to RIC. The applicant anticipates the strong referral history is expected to continue as RIC continues to recruit experts in rehabilitation medicine and extends its research programs. RIC is committed to providing care to all rehabilitation patients, including veterans returning from military service. The State Board Staff review of the material provided by the applicant indicates that the intended scope of the project is reasonable. It also appears the future construction project will have a positive impact in terms of access, availability of services and long-term institutional viability. As a result, a positive finding can be made.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE MASTER DESIGN SYSTEM IMPACT CRITERION (77 IAC 1110.235(a)).

B. Criterion 1110.235(b) - Master Plan or Related Future Projects

Master Plan or Related Future Projects The applicant must document that all beds and services to be developed pursuant to the master design project must be needed and that access to each service will be improved as a result of the proposed master plan or the construction or modification project(s). The applicant must indicate an anticipated completion date(s) for the future construction or modification projects, and document:

1) that:

- A) the proposed number of beds and services to be developed pursuant to the master design project must be consistent with the bed or service need determination of 77 Ill. Adm. Code 1100; or



- B) if bed or service need determinations do not support the proposed number of beds and services, there are existing factors that support the need for such development at the time of project completion. Such factors include but are not limited to:**
- i) limitations on governmental funded or charity patients that are expected to continue;**
 - ii) restrictive admission policies of existing planning area health care facilities that are expected to continue;**
 - iii) the planning area population is projected to exhibit indicators of medical care problems such as average family income below poverty levels or projected high infant mortality.**

The applicant notes that it currently has 182 rehabilitation beds and proposes that its new facility will have 272 beds inpatient beds, resulting in a 90-bed increase. While an excess of 96 rehabilitation beds exist in the planning area, the applicant notes the proposed increase is necessary to provide sufficient access to a modern facility that allows state of the art rehabilitation care to thrive. The applicant states the current facility is outdated, and has been forced to refuse admittance to over 1,500 patients in the last two fiscal years. The applicant reports having served not only patients from around the State, but around the world. RIC's market area is non-traditional and uses a market analysis based on rehabilitation-specific patients at acute care hospitals. This innovative methodology has been used in its strategic alliances with area hospitals to provide cutting edge rehabilitation services. The applicant notes for each alliance established, the planning projections developed from the model have been accurate within 10% of the actual bed need. While the applicant attests to the accuracy of its unique utilization projections, an excess of rehabilitation beds exist in the planning area, and there appears to be no limitations on service or restrictive admission policies in place at area facilities. The applicants note RIC is one of the leading physical medicine research institutions in the world, and this is noted by the fact that the facility is operating at capacity and having to refuse admission to rehabilitation patients.



The proposed construction project is anticipated to be complete by 2013. From the applicant's material, it appears the rate of growth in patient days has been constant and sustained. It also appears the project is consistent with the bed or service need determinations of Part 1110. It also appears the proposed beds and services will be appropriately utilized by the second year after project completion. In addition, it appears the proposed project will allow the facility to continue to provide access to the poor and indigent, as demonstrated by the applicant's high Medicaid population.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE MASTER PLAN OR RELATED FUTURE PROJECTS CRITERION (77 IAC 1110.235(b)).

X. Section 1110.630 - Comprehensive Physical Rehabilitation Beds

A) Criterion 1110.630 (a) = Planning Area Need

The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

- 1) 77 Ill. Adm. Code 1100 (formula calculation)**
- 2) Service to Planning Area Residents**
- 3) Service Demand - Establishment of Comprehensive Physical Rehabilitation**
- 4) Service Accessibility**

Currently there is a calculated excess of 92 rehabilitation beds in this planning area. The applicants have provided sufficient evidence that they will be providing services to planning area residents and there is demand for their services. The applicants are projecting 95% occupancy by the second year after project completion as required by criterion. The applicants hired a consulting firm to help in the planning process and help in projecting the number of patients that will utilize the new hospital. Based upon the unique nature of the services provided by the hospital and the applicants' methodology it appears there is a need for the services being proposed in this planning area.



THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PLANNING AREA NEED CRITERION (77 IAC 1110.630(b)).

B) Criterion 1110.630(c) - Unnecessary Duplication/Maldistribution

There are eleven additional hospitals within 30 minutes that provide rehabilitation services; that are not at target occupancy of 85%. However because of the unique nature of this hospital services we do not believe that a maldistribution of services will result with the establishment of the replacement hospital.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE UNNECESSARY DUPLICATION/MALDISTRIBUTION CRITERION (77 IAC 1110.630(c)).

C) Criterion 1110.630(e) - Staffing

The applicants' current staff will move from the old hospital to the new hospital and it would appear that sufficient staffing will be available.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE STAFFING CRITERION (77 IAC 1110.630(e)).

D) Criterion 1110.630 (f) - Performance Requirements

- 1) The minimum freestanding facility size for comprehensive physical rehabilitation is a minimum facility capacity of 100 beds.**
- 2) The minimum hospital unit size for comprehensive physical rehabilitation is 16 beds.**

The applicants are projecting a 272 bed replacement hospital. The applicants have met this requirement.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PERFORMANCE REQUIREMENTS CRITERION (77 IAC 1110.630(f)).



E) Criterion 1110.630 (g) - Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

The applicants have projected that they will exceed the 85% State Board target occupancy by the second year after project completion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE ASSURANCES CRITERION (77 IAC 1110.630(b)).

XI. 1110.3030 - Clinical Service Area Other Than Categories of Service

1) These criteria are applicable only to those projects or components of projects (including major medical equipment), concerning Clinical Service Areas (CSAs) that are not "Categories of Service", but for which utilization standards are listed in Appendix B, including:

- A) Surgery**
- B) Emergency Services and/or Trauma**
- C) Ambulatory Care Services (organized as a service)**
- D) Diagnostic and Interventional Radiology/Imaging (by modality)**
- E) Therapeutic Radiology**
- F) Laboratory**
- G) Pharmacy**
- H) Occupational Therapy/Physical Therapy**



I) Major Medical Equipment

The proposed project involves four clinical areas that are not regulated by the IHFSRB spatial utilization standards. They are:

- Clinical Research
- Pharmacy
- Acute Dialysis
- Clinical Laboratory

The current physical plant was built in 1974 and has surpassed obsolescence when paired with the innovative clinical technology and research utilized at RIC. The proposed project involves the combination of rehabilitation care with clinical research and testing to explore modalities and therapies unique to rehabilitative medicine. RIC is a leading medicine research institution and the provision of adequate clinical space is paramount to the delivery of cutting edge rehabilitative medicine. The applicant notes the Acute Dialysis service will not be used in the provision of End Stage Renal Dialysis (ESRD), but acute dialysis, that is consistent with the needs of a limited number of rehabilitation patients. It appears the applicants have addressed this criterion, and a positive finding can be made.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE CRITERION (77 IAC 1110.3030).

XII. 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable:

- a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
 - 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and



- 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
- b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience. Provide a list of confirmed pledges from major donors (over \$100,000);
- c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
- d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
 - 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
 - 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
 - 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
 - 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
- e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of



the governmental unit attesting to this intent;

- f) **Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;**
- g) **All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.**

The total estimated project cost of this planning phase is \$26,304,873 and the applicants will fund the project in its entirety through cash and securities. The applicants also provided an Independent Auditor's Report (application p. 123) that confirms the availability of sufficient funds for the project.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO MEET THE REQUIREMENTS OF THE AVAILABILITY OF FUNDS CRITERION (77 IAC 1120.120)

XIII. 1120.130 - Financial Viability

a) Financial Viability Waiver

The applicant is NOT required to submit financial viability ratios if:

- 1) **all project capital expenditures, including capital expended through a lease, are completely funded through internal resources (cash, securities or received pledges); or**

HFSRB NOTE: Documentation of internal resources availability shall be available as of the date the application is deemed complete.

- 2) **the applicant's current debt financing or projected debt financing is insured or anticipated to be insured by Municipal Bond Insurance Association Inc. (MBIA), or its equivalent; or**

HFSRB NOTE: MBIA Inc is a holding company whose subsidiaries provide financial guarantee insurance for municipal bonds and structured financial projects. MBIA coverage is used to promote credit enhancement as MBIA would pay the debt (both principal and interest) in case of the bond issuer's default.



- 3) the applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor (insurance company, bank or investing firm) guaranteeing project completion within the approved financial and project criteria.

b) **Viability Ratios**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards. The latest three years' audited financial statements shall consist of:

- 1) Balance sheet;
- 2) Revenues and expenses statement;
- 3) Changes in fund balance; and
- 4) Changes in financial position.

HFSRB NOTE: To develop the above ratios, facilities shall use and submit audited financial statements. If audited financial statements are not available, the applicant shall use and submit Federal Internal Revenue Service tax returns or the Federal Internal Revenue Service 990 report with accompanying schedules. If the project involves the establishment of a new facility and/or the applicant is a new entity, supporting schedules to support the numbers shall be provided documenting how the numbers have been compiled or projected.

c) **Variance**

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.



The applicants provided an independent auditor's report attesting to its financial viability (application, p. 123). Therefore this criterion is inapplicable.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO MEET THE REQUIREMENTS OF THE FINANCIAL VIABILITY CRITERION (77 IAC 1120.130)

C) Criterion 1120.140 (c) - Reasonableness of Project and Related Costs

The applicant shall document that the estimated project costs are reasonable and shall document compliance with the following:

- 1) Preplanning costs shall not exceed the standards detailed in Appendix A of this Part.
- 2) Total costs for site survey, soil investigation fees and site preparation shall not exceed the standards detailed in Appendix A unless the applicant documents site constraints or complexities and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.
- 3) Construction and modernization costs per square foot shall not exceed the standards detailed in Appendix A unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.

HFSRB NOTE: Construction and modernization costs (i.e., all costs contained in construction and modernization contracts) plus contingencies shall be evaluated for conformance with the standards detailed in Appendix A.

- 4) Contingencies (stated as a percentage of construction costs for the project's stage of architectural development) shall not exceed the standards detailed in Appendix A unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar to or consistent



with other projects that have experienced similar constraints or complexities.

HFSRB NOTE: Contingencies shall be limited in use for construction or modernization (line item) costs only and shall be included in construction and modernization cost per square foot calculations and evaluated for conformance with the standards detailed in Appendix A. If, subsequent to permit issuance, contingencies are proposed to be used for other component (line item) costs, an alteration to the permit (as detailed in 77 Ill. Adm. Code 1130.750) must be approved by HFSRB prior to that use.

- 5) New construction or modernization fees and architectural/engineering fees shall not exceed the fee schedule standards detailed in Appendix A unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.
- 6) The costs of all capitalized equipment not included in construction contracts shall not exceed the standards for equipment as detailed in Appendix A unless the applicant documents the need for additional or specialized equipment due to the scope or complexities of the services to be provided. As documentation, the applicant must provide evidence that the costs are similar to or consistent with other projects of similar scope and complexity, and attest that the equipment will be acquired at the lowest net cost available, or that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.
- 7) Building acquisition, net interest expense, and other estimated costs shall not exceed the standards detailed in Appendix A. If Appendix A does not specify a standard for the cost component, the applicant shall provide documentation that the costs are consistent with industry norms based upon a comparison with previously approved projects of similar scope and complexity.
- 8) Cost Complexity Index (to be applied to hospitals only)



The mix of service areas for new construction and modernization will be adjusted by the table of cost complexity index detailed in Appendix A.

The State Agency notes the project is to expend funds for the development planning of a 272-bed replacement hospital in Chicago. The costs identified below are for clinical expenses only.

Preplanning Costs – These costs total \$122,722. The State Board does not have a standard for these costs in a Master Design Project.

Site Survey/Site Preparation Costs – These costs total \$103,280. The State Board does not have a standard for these costs in a Master Design Project.

Contingencies – This cost is \$2,009,286. The State Board does not have a standard for these costs in a Master Design Project.

Architectural and Engineering Fees – This cost is \$9,543,682. The State Board does not have a standard for these costs in a Master Design Project.

Consulting and Other Fees – These costs total \$3,964,475. The State Board does not have a standard for this cost.

Other Costs to be Capitalized – These costs total \$903,441. The State Board does not have a standard for this cost.

The proposed project plans to expand funds for the planning of the establishment of a 272-bed replacement hospital in Chicago. While all calculations cannot be compared against the prescribed ratios, it appears all project costs are within an acceptable standard.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE REASONABLENESS OF PROJECT COSTS CRITERION (77 IAC 1120.140 (c)).

- D) **Criterion 1120.140 (d) – Projected Operating Costs**
- E) **Criterion 1120.140 (e) – Total Effect of Project on Capital Costs**

These criteria are not applicable in a master design project.



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

THE STATE AGENCY FINDS THE CRITERIA 1120.140(d) and 1120.140(e) ARE NOT APPLICABLE TO THE PROJECT.

Ownership, Management and General Information				Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Peggy Kirk			White	59.7%	Hispanic or Latino:	8.0%
ADMINSTRATOR PHONE	312-238-3305			Black	22.1%	Not Hispanic or Latino:	76.3%
OWNERSHIP:	Rehabilitation Institute of Chicago			American Indian	0.1%	Unknown:	15.7%
OPERATOR:	Rehabilitation Institute of Chicago			Asian	2.4%		
MANAGEMENT:	Not for Profit Corporation (Not Church-R			Hawaiian/ Pacific	0.1%	IDPH Number:	1958
CERTIFICATION:				Unknown:	15.7%	HPA	A-01
FACILITY DESIGNATION:	Rehabilitation Hospital					HSA	6
ADDRESS	345 East Superior Street	CITY: Chicago	COUNTY: Suburban Cook (Chicago)				

Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2010	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2010	Staff Bed Occupancy Rate %
Medical/Surgical	0	0	0	0	0	0	0.0	0.0	0.0	0.0
0-14 Years				0	0					
15-44 Years				0	0					
45-64 Years				0	0					
65-74 Years				0	0					
75 Years +				0	0					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
Transfers				0	0					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	165	159	156	2,472	53,221	0	21.5	145.8	88.4	91.7
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	165			2,472	53,221	0	21.5	145.8	88.370	
(Includes ICU Direct Admissions Only)										

Inpatients and Outpatients Served by Payor Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
	45.3%	11.1%	0.0%	34.8%	0.2%	8.5%	
Inpatients	1120	274	0	861	6	211	2,472
	27.8%	12.5%	0.0%	53.9%	1.0%	4.8%	
Outpatients	6257	2817	0	12130	232	1083	22,519
<u>Financial Year Reported:</u>	9/1/2009 to	8/31/2010	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>				
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient	33.7%	9.9%	0.0%	56.4%	0.0%	100.0%	
Revenue (\$)	30,125,122	8,849,305	0	50,449,274	0	89,423,701	296,559
Outpatient	22.4%	8.4%	0.0%	69.3%	0.0%	100.0%	
Revenue (\$)	12,807,315	4,789,667	0	39,683,000	0	57,279,982	304,418
							Total Charity Care Expense 600,977 Totals: Charity Care as % of Net Revenue 0.4%

Birthing Data		Newborn Nursery Utilization		Organ Transplantation	
Number of Total Births:	0	Level 1 Patient Days	0	Kidney:	0
Number of Live Births:	0	Level 2 Patient Days	0	Heart:	0
Birthing Rooms:	0	Level 2+ Patient Days	0	Lung:	0
Labor Rooms:	0	Total Nursery Patientdays	0	Heart/Lung:	0
Delivery Rooms:	0			Pancreas:	0
Labor-Delivery-Recovery Rooms:	0			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0	<u>Laboratory Studies</u>		Total:	0
C-Section Rooms:	0	Inpatient Studies	91,520		
CSections Performed:	0	Outpatient Studies	4,880		
		Studies Performed Under Contract	48,800		

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	0	0	0	0	0	0	0	0.0	0.0
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	0	0	0	0	0	0.0	0.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	0	0	0	0	0	0.0	0.0
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	0	0	0	0	0	0.0	0.0
Totals	0	0	0	0	0	0	0	0	0	0.0	0.0
SURGICAL RECOVERY STATIONS											
				Stage 1 Recovery Stations		0		Stage 2 Recovery Stations		0	

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	0	0	0	0	0	0	0	0.0	0.0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	0
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Emergency/Trauma Care

Certified Trauma Center	No	
Level of Trauma Service	Level 1	Level 2
	Not Applicable	Not Applicable
Operating Rooms Dedicated for Trauma Care	0	
Number of Trauma Visits:	0	
Patients Admitted from Trauma	0	
Emergency Service Type:	Basic	
Number of Emergency Room Stations	0	
Persons Treated by Emergency Services:	0	
Patients Admitted from Emergency:	0	
Total ED Visits (Emergency+Trauma):	0	

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	0
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Outpatient Service Data

Total Outpatient Visits	193,559
Outpatient Visits at the Hospital/ Campus:	69,794
Outpatient Visits Offsite/off campus	123,765

Diagnostic/Interventional Equipment**Examinations****Radiation Equipment****Therapie:**

	Own	Contract	Inpatient	Outpt	Contract		Owned	Contract	Treatments
General Radiography/Fluoroscopy	7	0	1,989	6,403	0	Lithotripsy	0	0	0
Nuclear Medicine	0	0	0	0	0	Linear Accelerator	0	0	0
Mammography	0	0	0	0	0	Image Guided Rad Therapy	0	0	0
Ultrasound	1	0	452	38	0	Intensity Modulated Rad Thrpy	0	0	0
Angiography	0	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	0	0	0	0	0				
Magnetic Resonance Imaging	0	0	0	0	0				

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